... unites Ontario's municipalities

Report Series 1991

91-6 Accountability and Special Purpose Bodies: The Example of District Health Councils

Association of Municipalities of Ontario

April 1991

MISSION STATEMENT

AMO unites Ontario's municipalities.

We take pride in promoting, supporting and enhancing strong and effective municipal government.

We provide strategic leadership by:

- developing and effectively promoting responsive quality policy;
- informing and educating governments, the media and the public;
- marketing innovative and beneficial services.

Our elected representatives, municipal officials and association staff form a team which values and respects:

- diversity and local autonomy;
- fairness and equity;
- consultation;
- consensus;
- co-operation.

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EXECUTIVE SUMMARY

The Association of Municipalities of Ontario has prepared this report on its concerns about district health councils (DHCs) in response to a request from the Minister of Health. The following summarizes some of the key issues and concerns of the Association and its membership about the role and function of DHCs specifically and special purpose bodies generally.

Special Purpose Bodies: Barrier to Direct Accountability

In general, special purpose bodies such as district health councils are neither financially or politically accountable to municipal governments yet, under the enhanced role of DHCs, they are delegated the responsibilities of advising the Provincial Government on the allocation of funds and planning of health and social services at the local level. In this advisory role they have an impact on the setting of priorities for health and social services expenditures at the municipal level. As an unelected, intermediate body between local governments and the province they also represent a barrier to direct accountability at the provincial level.

Municipalities: Governments not Agencies

Past Provincial Government reports have philosophically treated municipal governments as one of many administrative agents of the Province. AMO has argued that municipalities are not non-profit agencies; they are elected governmental partners accountable to their electorates in the similar manner that provincial political representatives are accountable.

District Health Councils: Enhanced Role and Proposals for Further Bureaucratization

Until 1989 the mandate of DHCs included the identification of district health needs, and the planning and coordination of a comprehensive health care program. In June 1989 the then Minister of Health endorsed an enhanced role for DHCs which expanded their mandate to now include an advisory role in the allocating of funds, the strengthening of area wide planning, and the integration of health and social services planning. AMO expressed its opposition to this enhanced role stating that the current structure of DHCs does not incorporate any accountability for policy or funding decisions to an electorate, and that the proliferation of special purpose bodies reduces the ability of elected officials to establish local priorities and to control municipal expenditures.

The Provincial Association of Chairmen of District Health Councils of Ontario (PAC) was formally established in October 1986 as a voluntary association to facilitate the exchange of information. The level of activity of the PAC increased dramatically in implementing the enhanced role for DHCs. In response to this the Ministry of Health and PAC initiated a review of PAC which resulted in a proposed new mandate and organizational structure under the name District Health Councils of Ontario. AMO passed a resolution stating its opposition to the proposed new PAC which further strengthens this provincial association's authority beyond its present role as well as creating another tier and bureaucracy in the planning of health and social services.

Municipal Government in the Planning and Coordination of Health and Social Services

Concurrent with these developments two major government reports have made proposals for the planning of health and social services. The Provincial-Municipal Social Services Review (PMSSR) recommended that social service planning in communities be coordinated with planning for community health services and that upper tier municipal governments have primary responsibility for preparing a community social service plan. The PMSSR Committee also stated its concern about the enhanced planning role for DHCs and questioned this as a means of achieving the integration of health and social service planning as it focuses on DHCs, MCSS staff and the Ministry of Health and appears to exclude municipal governments. In it's response to the PMSSR, AMO supported these recommendations for a municipally-focused comprehensive and integrated process for human service planning.

The policy document *Strategies for Change* refers to DHCs in their expanded role as one of the local groups to be involved in planning health and social services for seniors and physically disabled adults. The role of municipalities is not addressed and, in many ways, this document perpetuates the attitude that municipal government's are similar to community agencies.

Finally, the first reports of the Premier's Council on Health Strategy will be released in April 1991 and will include discussion of options for "devolved models of health and social services." AMO believes that it is premature to institute any changes to the mandate of

DHCs until the alternative recommendations on their role in health and social services planning contained in these studies have been debated.

Recommendations

AMO believes it is time to conduct a review of and consultation process on the role of district health councils. In this regard, AMO endorses the following resolution:

> Be it resolved that the Provincial Government put on hold the implementation of the enhanced role for district health councils endorsed by the previous government; and
>
> That the Provincial Government review the role of district health councils incorporating the concepts of financial and political accountability.

1 Introduction

The Association of Municipalities of Ontario has not supported the institution of district health councils (DHCs). First, in general, AMO has argued for a direct form of accountability between elected representatives and taxpayers. DHCs have been viewed as a barrier to direct accountability at the provincial level. Secondly, the Association has argued that the DHC model has not only been unsatisfactory in meeting standards of accountability but also, in some cases, has not achieved effective coordination in the planning of services.

Recently, AMO has strongly objected to the enhanced role of DHCs which has extended their responsibilities to include the integration of health and social services planning, a responsibility for which a number of municipal governments have already taken the lead (e.g. social development plans, strategy health plans) and one which the municipal sector supports as a local function. Secondly, the enhanced role gives DHCs an advisory function in the allocation of municipal dollars which means that a non-accountable body is delegated to make recommendations on municipal expenditures which should be the responsibility of elected and accountable municipal officials.

The following report summarizes some of the key issues and concerns of the Association and its membership about the role and function of DHCs specifically and special purpose bodies generally. First, AMO provides definitions of financial and political accountability. This is followed by a discussion of how special purpose bodies are barriers to direct accountability. AMO then argues that there is a need to achieve an understanding with the Province that municipalities are governmental partners and not like other administrative agencies in the planning and provision of social services. These positions are then tied to the many changes and developments which have recently occurred or which have been proposed for the roles and responsibilities of DHCs.

2 Financial and Political Accountability: Control and Decision-Making Authority

There exist numerous definitions of government accountability. Financial accountability means that a citizen has a right to know what the government's programs are and how tax dollars are spent. From the municipal sector's point of view this means that persons elected to municipal office should be responsible for the establishment of local policy and spending of funds and thereby strengthen the elected municipal council as the principle decision-making administration. From the provincial government's perspective this means that in order for an individual ministry to be accountable to its electorate it must be satisfied that when government funds are allocated they are used for the purposes specified.[1]

Political accountability means:

- The ability of the electorate to hold their elected representatives responsible ("to account") for their decisions; in order to hold their elected representatives to account, members of the public must be able to effectively express their satisfaction or dissatisfaction through the ballot box.
- That the public understand the responsibilities, roles and functions of their elected representatives.
- If politicians are to be held to account, they must have some authority to deal with those matters for which they will be held responsible and they must have influence over decisions on those matters.[2]

3 Special Purpose Bodies: Barrier to Direct Accountability

In general, special purpose bodies such as district health councils are neither financially or politically accountable to municipal governments yet, under the enhanced role of DHCs, they are delegated the responsibilities of advising the provincial government on the allocation of funds and planning of health and social services at the local level. In this advisory role they have an impact on the setting of priorities for health and social services

expenditures at the municipal level. As an unelected, intermediate body between local governments and the province they also represent a barrier to direct accountability at the provincial level.

The Association supports the elimination of statutory special purpose boards, commissions, committees and authorities with governing responsibilities for their function and operation assigned directly to the appropriate municipal council. Municipal councils should maintain as a principal objective the attainment of political and financial accountability in a manner which best suits the circumstances of the individual municipality.

4 Municipalities: Governments not Agencies

Past provincial government reports related to the management and delivery of social services have philosophically treated municipal governments as one of many administrative agents of the Province. For example, in the previous government's report, *Managing Ontario's Social Services: Agency Relations and Accountability*, municipalities are classified as "community boards/agencies" accountable to the Ministry of Community and Social Services.[3] AMO has argued that in the delivery of social services municipalities are not accountable in the same manner as private non-profit corporations. Municipal councils are elected bodies accountable to their electorate in the similar manner that provincial political representatives are accountable to their electorates.

The provincial government's philosophy has negated municipal government as a responsible level of government. Over the years AMO has strived to achieve an understanding with the provincial government that the municipal sector is a governmental partner in the planning and provision of social services and accountable to the same electorate.

5 District Health Councils: Enhanced Role and Proposals for Further Bureaucratization

It is in the context of this background discussion of accountability and municipalities as governmental partners in health and social services that AMO has evaluated the roles and responsibilities if DHCs. The following outlines the changes which have recently occurred or which have been proposed for the roles and responsibilities of DHCs as well as AMO's positions and responses to these developments.

The Role of District Health Councils[4]

A district health council is a special purpose body comprised of volunteers who are appointed by Order-In-Council and serve in an advisory capacity to the Minister of Health. The membership of individual DHCs is intended to reflect a balance of local interests and perspectives among consumers of health services, providers and representatives of local government. The operations of DHCs are funded by the Ministry of Health. The mandate of DHCs has been:

- to identify district health needs and consider alternative ways of meeting those needs, that are consistent with provincial guidelines;
- to plan a comprehensive health care program and establish short term priorities that are consistent with long term goals;
- to coordinate all health activities and ensure a balanced, effective and economical service that is satisfactory to the community; and,
- to work toward cooperation in the social development activities for the District.

The Provincial Association of Chairmen of District Health Councils of Ontario (PAC) was formally established in October 1986 as a "voluntary association to facilitate the timely and organized exchange of information on issues of mutual interest among the chairmen of District Health Councils and with the Minister of Health."

Enhanced Role for District Health Councils

In 1988 PAC began to take a proactive role in expanding the mandate of DHCs and began working with the Ministry of Health to define an enhanced role for DHCs. In June 1989, PAC, in consultation with the Ministry of Health, developed a proposal entitled *Future Directions for District Health Councils: Renewing our Partnership in Planning*. This document proposed enhanced responsibilities for DHCs in four areas:

- allocating funds;
- determining human resource requirements in the health field;
- strengthening area wide planning; and,
- achieving integration of health and social services planning.

The then Minister of Health endorsed this enhanced role in October 1989. AMO expressed to the Minister its opposition to an enhanced role for DHCs:

> The Association has some serious concerns with the proposal to expand the role of DHCs. First the Association strongly opposes special purpose bodies in principle because they are not duly elected and accountable to the public. The current structure of DHCs does not incorporate any accountability for policy or funding decisions to an electorate. The Association believes that the proliferation of special purpose bodies reduces the ability of elected officials to establish council priorities and to control municipal expenditures.[5]

AMO's opposition to the enhanced role can be further stated in terms of financial accountability as defined previously. The enhanced role of DHCs means that after a regional council approves its public health unit's budget it then must be submitted to the DHC for approval and recommendation to the Minister of Health. This means that a non-elected body makes a recommendation on the decision of an elected body. That is, an advisory body which is non-accountable to an electorate, is making recommendations on municipal expenditures which should be the responsibility of the elected and accountable municipal council.

Proposal for New Provincial Association: District Health Councils of Ontario

The level of activity of the PAC increased dramatically in implementing this enhanced role. In response to this the Ministry of Health and PAC initiated a review of the mandate, role, organizational structure and membership of PAC with respect to its capacity to support the enhanced role of DHCs and position them as partners in health planning for Ontario.

The review resulted in a proposed new mandate and organizational structure for the provincial association under the name District Health Councils of Ontario with the explicit mandate in support of local planning and provincial/regional planning. Basically, PAC has proposed that it serve as an administrative structure to facilitate linkages between the Ministry of Health and DHCs, thereby balancing the competing pressures of centralization and decentralization. It would have joint accountability to the Ministry of Health and DHCs.

AMO has stated its strong opposition to the proposal for this new provincial association and passed the following resolution at its November 1990 Board of Director's meeting:

> WHEREAS AMO has previously stated its opposition to the enhanced role of District Health Councils as well as its concern over the formation of District Health Councils;
>
> THEREFORE BE IT RESOLVED that AMO advise the Minister of Health and the Provincial Association of Chairmen of District Health Councils (PAC) of its opposition to the redefinition of the role of the PAC which further strengthens its authority beyond its present role as well as creating another tier and bureaucracy in the planning and provision of health and social services, resulting in costly duplication.

6 Municipal Government in the Planning and Coordination of Health and Social Services

Concurrent with these studies and developments of an enhanced role for DHCs, two major government reports have also advocated better integration and coordination

in the planning of health and social services. However, these reports have also presented contradictory recommendations on the enhanced role of DHCs which has lead to further confusion and lack of clarity as to the current and future responsibilities being considered for this special purpose body.

Report of the Provincial-Municipal Social Services Review

The Provincial-Municipal Social Services Review Committee recommended that social service planning in communities be coordinated with planning for community health services. The Committee also recommended that upper tier municipal governments have primary responsibility for preparing a community social service plan. The Committee argued that municipal governments are involved in planning the growth, development, and quality of life in their communities, that a number of municipal governments are already taking the lead in developing social development plans, and that by placing this responsibility in municipal hands puts the planning process close to the community where its effects will be felt.[6]

In it's response AMO supported these recommendations for a municipally-focused comprehensive and integrated process for human service planning.[7]

In reference to these planning recommendations, the PMSSR Committee stated its concern about the enhanced planning role for DHCs. The Committee questioned this as a means of achieving integration of health and social service planning as it focuses on DHCs, MCSS staff and the Ministry of Health and appears to exclude municipal governments. Alternatively, the Committee proposed that municipalities, with their broad community perspective, should play a key role in planning for community health and social services.

AMO supports these recommendations of the PMSSR Committee. The Association believes that municipal government planning for their communities' health and social services will lead to a more publicly accountable setting of local goals and priorities, and a better coordination between related human services such as housing and recreation services.

Long-Term Care Reform

Municipalities were very concerned over the statements in the policy document *Strategies for Change* about the

role of municipalities. In many ways, this document perpetuates the attitude that municipal government's are similar to community agencies. For example, *Strategies for Change* states that the sponsorship of the proposed Service Access Organization (SAO) can be a new or existing community organization, but that direct service providers would not be able to sponsor the SAO in order to prevent the perception of conflict of interest by consumers. Many municipalities are direct service providers, and therefore this condition would exclude municipalities from sponsoring the SAO.

AMO understands this may be a necessary barrier for some agencies, but as stated previously the province must distinguish between a local agency and local government. Municipalities are not agencies; they are another government level and should not be barred from sponsoring this pivotal organization in the proposed long-term care system.

Furthermore, *Strategies for Change* refers to DHCs in their expanded role as one of the local groups to be involved in planning health and social services. While the document is unclear as to how the local planning process is to proceed, AMO is concerned that the DHCs will be given more responsibility for planning long-term care services which stands in contradiction to the recommendations of the *Report of the PMSSR* for an enhanced planning role for municipalities.

Furthermore, in terms of financial accountability, DHCs are to advise the area managers of the Community Health and Support Services Division on many long-term care services which are currently funded by municipalities. This will mean a diminished role for municipalities and further intrusion of an advisory body into the setting of local priorities and allocation of municipal dollars. AMO would like to again reiterate that this means that a non-accountable body will be making recommendations on municipal expenditures which should be the responsibility of the elected and accountable municipal council.

At this time there is a lack of clarity regarding the status and roles of DHCs in long-term care reform. It appears that there also has been no clarification given to DHCs as to their role. Finally, like the process which lead to the enhanced role for DHCs or the new proposed Provincial Association, AMO was also not consulted in the development of the proposals for long-

term care reform. The Provincial Government has indicated support for consultation on this issue and AMO is awaiting further announcements. AMO suggests that if the approach to long-term care reform is to involve a partnership between the provincial government and municipal sector then municipalities must be consulted on how to establish an accountable local planning process.

Premier's Council on Health, Well-Being and Social Justice

The Premier's Council was established in 1987 with the broad mandate to advise the Provincial Government on how it might achieve a healthier Ontario and establish priorities and build a consensus for a change in its partnership with health care providers and community representatives. The first reports of the Premier's Council will be released in April 1991 and will include discussion of options for "devolved models of health and social services." AMO believes that it is premature to institute any changes to the responsibilities of district health councils until the results of the Premier's Council have been debated.

7 Recommendations

AMO believes it is time to conduct a review of and consultation process on the role of district health councils and that this should be conducted in conjunction with the review of the reports of the Premier's Council on Health. In this regard, AMO endorses the following two recommendations:

> Be it resolved that the Provincial Government put on hold the implementation of the enhanced role for district health councils endorsed by the previous government; and
>
> That the Provincial Government review the role of district health councils incorporating the concepts of financial and political accountability.

8 Endnotes

1. Ontario, Ministry of Community and Social Services, *Managing Ontario's Social Services; Agency Relations and Accountability, A Discussion Paper* (Toronto: MCSS, April 1988).

2. Ottawa-Carleton Regional Review, *Accountability and Representation: Phase One Report* (Toronto: Queen's Printer for Ontario, December 1987), p. 1.

3. Ontario, Ministry of Community and Social Services, *Managing Ontario's Social Services; Agency Relations and Accountability, A Discussion Paper*.

4. Source of information on the history, mandate of DHCs, the Provincial Association of Chairmen of District Health Council's of Ontario, (PAC) and the recently proposed District Health Councils of Ontario: Maureen Quigley & Associates and Enterprise Canada, *Partners in Planning: A Provincial Association for District Health Councils of Ontario*, June 1990.

5. Correspondence to the honourable Elinor Caplan, Minister of Health from Stephen Clark, AMO President, June 12, 1989.

6. Ontario, Provincial-Municipal Social Services Review Committee, *Report of the Provincial-Municipal Social Services Review* (Toronto: Ministry of Community and Social Services, Association of Municipalities of Ontario, Ontario Municipal Social Services Association, April 1990), pp. 176-180.

7. Association of Municipalities of Ontario, *Roles and Responsibilities: AMO's Response to the Report of the Provincial-Municipal Social Services Review* (Toronto: AMO, December 1990), pp. 83-86.

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